California's Children's Mental Health Workforce

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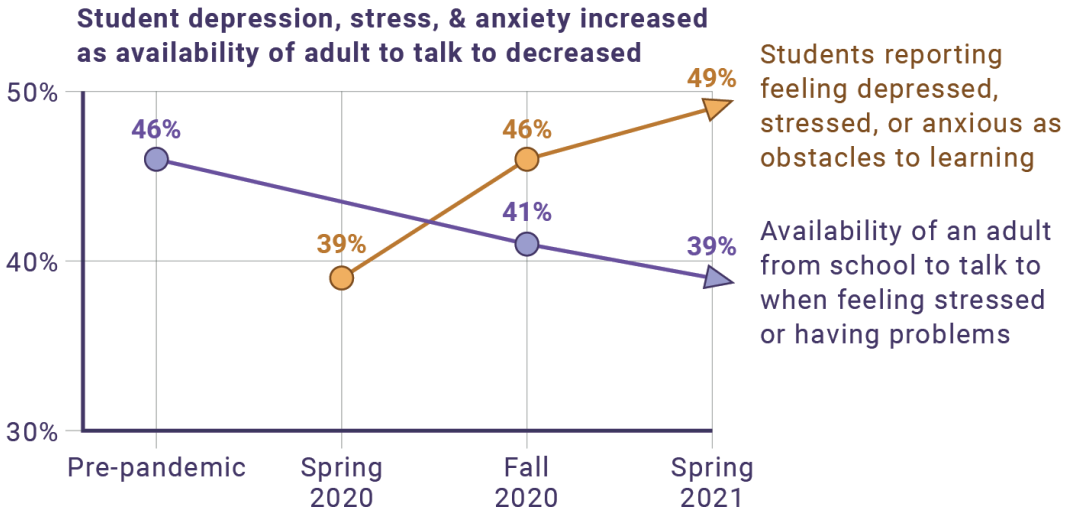
Children Now®

In October 2021, the American Academy of Pediatrics declared a national children's mental health crisis. By that time, nearly two years of the COVID-19 pandemic had exacerbated an already tenuous mental health situation for children and youth. The shelter-in-place orders due to COVID-19 ignited widespread alarm, anxiety and depression for adults concerned about interrupting their daily routines, falling ill, and maintaining their economic stability. Simultaneously, children and youth were struggling with the same fears. School closures, disconnection from friends and an abrupt stop to community resources put additional strain on an already tenuous hold on mental wellness for many young people. In California, the annual number of suicides among youth ages 12 to 19 increased 15% from 2009-2018, and incidents of self-harm increased 50% during the same time period.[1]

Parents and caregivers have raised the alarm — their kids are suffering, AND they can't find help for children who need it. According to the Youth Truth Student Survey, the availability of supportive adults on campus fell from 46% pre-pandemic to 39% in spring 2021. At the same time, the percentage of students reporting feeling depressed, stressed, or anxious rose from 39% in spring 2020 to 49% in spring 2021. [2]



Policymakers and providers acknowledged a lack of child-serving mental health providers. In response, there are policy proposals focused on increasing the number of child-serving providers who can provide mental health services. However, increasing providers alone, will not satisfy the mental health needs of children and youth.

To dig deeper into the issue, Children Now spent almost a year interviewing various providers across child-serving sectors to better understand opportunities and hindrances towards supporting the mental health of children and youth. A list of interviewees is included at the end of this brief. While most of the interviewees observed that there were not enough physicians, family therapists, social workers, psychiatrists, and school counselors to meet the needs of families, we also found several other factors contributing towards children and youths' access to mental health supports.

Below are other major themes from the interviews, which includes recommendations that were highlighted by many interviewees:

KEY FINDING #1

Formal education alone does not prepare providers to work with kids, especially kids with trauma.

Almost all respondents, across professions, highlighted the importance of continuing education, outside of a formal degree, to best work with children, especially children with special needs, or children who have experienced past trauma. While many of the professions must understand the technical aspects of brain development, most formal education programs do not convey the day-to-day challenges of working with children and their complex needs stemming from home, community, and school life. Respondents who felt equipped highlighted specific trainings and professional development opportunities that allowed them to assist children, youth, and families. Below, we have highlighted the most common skills, competencies, and trainings that participants highlighted during our interviews.

KEY FINDING #2

Almost all respondents highlighted the importance of suicide prevention training.

Almost all respondents, across professions, mentioned the importance of suicide prevention training, as suicide awareness and prevention training is typically not provided through formal training programs for physicians, teachers, nurses, and other professions that commonly work with children. Respondents mentioned having to seek suicide prevention training on their own, so that they could feel confident working with children. Suicide prevention training allows adults to recognize signs that a young person is considering suicide and gives them the ability to start a dialogue with that person in order to get them the resources and help they need. Specific suicide prevention programs that were mentioned during the interviews included Question, Persuade, Refer and Yellow Ribbon.

KEY FINDING #3

Almost all respondents mentioned the importance of Youth Mental Health First Aid training.

Youth Mental Health First Aid (YMHFA) training was highlighted across professions. Separate and distinct from suicide prevention training, Youth Mental Health First Aid provides adults with education on common mental health challenges for youth, reviews typical adolescent development, and teaches a five-step action plan for how to help young people in both crisis and non-crisis situations. The training programs cover issues related to anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders. Respondents viewed YMHFA as an important program to provide a basic understanding of adolescent development.

KEY FINDING #4

Lived experience, to a point, is a critical factor for child-serving providers.

Almost all respondents, across professions, mentioned the importance of lived experience for effectively connecting and empathizing with youth and their families. Lived experience is defined as "personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people[3]." For instance, professionals who worked with youth in foster care stressed the importance of lived experience within the child welfare system, and those who worked to support children outside of state-sponsored systems referred to lived experience as being able to draw from their personal background to understand the environmental challenges children and families faced that would impact their mental health.

However, some groups highlighted that lived experience is complicated, citing the possibility of professionals who experienced trauma in their youth might then project their own experiences and assumptions onto the youth they are serving.

KEY FINDING #5

School professionals highlighted the importance of suicide and homicide impact assessments.

All school professionals that were interviewed mentioned the importance of a rapid and effective response after a suicide or homicide impacts a school. The adverse event may have happened in school, or in the neighborhood, but either way, respondents verbalized the importance of being able to 1) know when a community event impacts students, and 2) assess whether that event will have consequences within the general student body. California's current School Safety Plan[4] focuses on active shooter events and other in-the-moment violent acts. However, most respondents highlighted the lack of focus on other adverse community events, and how they can transfer to and impact the school environment. Respondents stressed the lack of training provided for personnel to assess the impact of those events when they occur. Being able to effectively assess the risk of suicide and/or homicide can save lives and prevent further acts of violence from impacting a school.

Suicide Prevention/Suicide Screening is a procedure in which a standardized instrument or protocol is used to identify individuals who may be at risk for suicide.

Suicide Assessment refers to a more comprehensive evaluation done by a clinician to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment. Suicide assessment is usually used when there is some indication that an individual is at risk for suicide; for example, when a patient has been identified as such by a suicide screening or a clinician notices some signs that a patient may be at risk. Suicide assessment is also used to help develop treatment plans and track the progress of individuals who are receiving mental health treatment because they have been assessed as being at risk for suicide.[5]

KEY FINDING #6

Almost all respondents identified adult emotional wellness as fundamental.

The focus on mental wellness usually rests in ensuring children and youth are emotionally healthy, but respondents also highlighted the importance of focusing on the emotional wellness of the adults who work with children. Self-awareness and self-management are important skills for adults to have in order to effectively interact with young people. For example, an adult who learns to be self-aware, at a minimum, will be able to identify what triggers their own emotions, understand the relationship between those emotions, thoughts, and behaviors, and practice self-compassion. Specifically, interviewees recommended training in Social Emotional Learning for adults.

"This work requires a mastery of (one's) own emotional state" —Interviewee

KEY FINDING #7

Many respondents identified the importance of a provider's ability to connect with the parent and child as a key skill.

Many respondents described the keys to ensuring strong connections with children and families as being "culturally sensitive," having "empathy," and as having "good listening skills." These soft skills are often difficult to ascertain during a hiring process but were routinely highlighted by parents/caregivers as the most important skills for professionals to have. One parent described their interaction with a provider, noting the provider's ability to kneel and play with their child while maintaining eye contact with the parent as one of the main reasons they chose that provider. Training to help providers understand the nuances of communicating with both a parent and their child can be essential to developing strong partnerships between caregivers and providers.

Key Finding #8

Administrative issues hinder retention.

When asked about hinderances to long-term participation in the field of children's mental health, almost all respondents across child-serving sectors expressed limitations due to administrative burdens in the workplace. It's common for providers to manage their own clerical work. However, the excess time spent on paperwork and bureaucracy limits a provider's ability to spend more time with children and their families. Consequently, providers aren't as able to develop trusting relationships with their patients, as their time per patient is limited due to the administrative responsibilities they handle.

Key Finding # 9

Low pay for traditional and non-traditional providers hinders both pipeline and retention.

When asked how to improve the children's mental health workforce pipeline, almost all respondents noted that the pay for non-traditional workers (community health workers, promotores, indigenous healers, etc.) needed to be substantially increased. Respondents highlighted that non-traditional provider have been able to fill in the cultural and linguistic gaps of the traditional health care system and that low pay is a key barrier for the recruitment and retention of these critical providers. Many non-traditional providers ensure there's effective communication between communities and health care systems, provide guidance on how to navigate social systems, and serve as a liaison between communities, individuals, and coordinated care organizations. The State is currently exploring ways to increase pay for community health workers, a step that could ensure a robust non-traditional provider workforce.[6]

Separately, traditional providers also highlighted major disparities in income between workers in public systems, such as psychiatrists who work for counties, versus those who maintain private practice. Compared to their private practice counterparts, providers in public systems earn substantially less annually. Due to these pay gaps, many public providers feel disincentivized to maintain long tenures in public systems, thus straining the systems further. The lack of participation in public systems means families with fewer resources have limited access to available providers.

Key Finding #10

Explore the expansion of scope in the medical field.

Some providers mentioned the importance of expanding scope for nurses as a way to increase the number of providers available to treat the mental health of children. In 2020, Governor Newsom signed Assembly Bill 890, legislation that expanded the scope of practice laws for nurse practitioners (NPs) so that they could practice independently. As demand for health care workers surged due to COVID-19, the State felt increasing pressure to pave the way for more health care workers to provide care where it was needed. However, even with the expansion of AB 890, many NPs will still be limited to the settings in which they can practice and are still limited in the requirement that a physician must also be part of the same practice. All NPs must undergo a minimum of 4,600 hours of transition to practice, which falls on the longer side of required transition to practice hours needed when compared to other states. These restrictions were flagged when providers noted the need for expanded scope, even after the passage of AB 890.

Moving Forward and Opportunities for Change

In Fiscal Year 2021-2022, the Health Omnibus trailer bill (Assembly Bill 133) established the Children & Youth Behavioral Health Initiative (CYBHI), investing over $4 billion in the children's behavioral health system in California. CYBHI is intended to be cross-sector and payor agnostic—great tenets for better outcomes for children and youth. The Initiative signals a desire for a better children's mental health workforce, as it provides more than $400 million for behavioral health counselors and coaches, as well as training for pediatric primary care and other health care providers. These funds could be used to not only increase the workforce pipeline, but also support those currently working with children by supplementing their skills with the aforementioned trainings.

In addition, the State is implementing a multi-year initiative, called California Advancing and Innovating Medi-Cal (CalAIM), to improve the quality of life and health outcomes of Medi-Cal recipients by implementing broad delivery system, program and payment reform, effort. In an effort to reduce the administrative burden providers have highlighted as a hindrance to retention, CalAIM's stated goal is to streamline reporting requirements for those who provide specialty mental health services. Finally, California is preparing to include community health worker services as a Medi-Cal benefit in order to expand access to vital non-traditional services requested by communities.

Despite these opportunities, very little is known on how the CYBHI funds will be used for workforce and the CHW services benefit has yet to be approved. Unless the State solidifies its plans to center the workforce training and pay needs of child-serving providers, these opportunities will fall short in meeting the needs of California's kids.

Many thanks to the following interviewees for their time, expertise, and helpful insights:

1. Ann Louise-Kuhns, President of the California Children's Hospital Association
2. Babe Kawaii-Bogue, PhD, LCSW, Lead Trauma, Grief, and Loss Counselor in the San Francisco Unified School District
3. Bradley Hudson, Psychologist at the Children's Hospital of Los Angeles & Clinical Professor of Pediatrics, Keck School of Medicine
4. Brooke Guerrero, Clinical Supervisor at WestCoast Children's Clinic
5. Camille Schraeder, Director of Public Policy & Program Development at Redwood Community Services
6. Cynthia Chin Herrera, Director of Clinical & Community Training at WestCoast Children's Clinic.
7. Edward Field, Vice President for Behavioral Medicine Center at Loma Linda University Health
8. Erin Rosenblatt, Assistant Director of Training at WestCoast Children's Clinic
9. Gustavo Loera, Educational Psychologist at Mental Health America
10. Heather Williams, Program Director, Policy & Outreach for the California AfterSchool Network
11. Janene Armas, Interim Executive Director, Health Services at Fresno Unified School District
12. Jasmeet Baines, California Healthcare Workforce Policy Commission at the California Department of Health Care Access and Information
13. Jeff Davis, Executive Director of the California AfterSchool Network (CAN)
14. Jevon Wilkes, Executive Director of the California Coalition for Youth
15. Josie B., Parent/Caregiver
16. Ken Berrick, Founder and Former CEO of Seneca Family of Agencies
17. Leora Wolf-Prusan, Director of Partnerships & Learning at the Center for Applied Research Solutions (CARS)
18. Loretta Tefertiller, School Nurse at Manteca Unified School District
19. Patrick T. Courneya, Executive Vice President and Chief Medical Officer, Kaiser Foundation Health Plan, Inc. and Hospitals
20. Robyn Levinson, Training Specialist and Policy Associate at WestCoast Children's Clinic
21. Sally Levy Albert, Parent and Psychotherapist
22. Treesje Powers, School Psychologist with Corvina-Valley Unified
23. Veronica Kelley, Director of the San Bernardino County Department of Behavioral Health

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Children Now™

Children Now is on a mission to build power for kids. The organization conducts non-partisan research, policy development, and advocacy reflecting a whole-child approach to improving the lives of kids, especially kids of color and kids living in poverty, from prenatal through age 26. Learn more at www.childrennow.org

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Sources and Notes

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